

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number 100070.401C1																								
<b>FY 2008</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																										
Application Number 10/606,150		Filed June 24, 2003																								
For BUFFERED COMPOSITIONS FOR DIALYSIS																										
Art Unit 1617		Examiner Jennifer M. Kim																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>32 783</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ /Carol J. Roth/ Signature</p> <p style="text-align: center;">_____ Carol J. Roth Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ September 2, 2008 Date</p> <p style="text-align: center;">_____ 206-622-4900 Telephone Number</p> </div> </div> <p style="margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$_____
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